

FOUNDATION PLANT SERVICES

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GRAPEVINE INTRODUCTION & MAINTENANCE SERVICE REQUEST FORM

lease complete one service request form for each selection	to be submitted.			
Company Name:	Date of Request:			-
Mailing Address:	Representative's Name	e:		
City, State, ZIP:	Phone Number:			
	FAX Number:			
Email Address:				
Name of Grape Cultivar:	PROPRIETARY	PUBLIC		
Vill this material be protected by a United States patent?	YES NO			
TABLE RAISIN WINE ROOTSTOCK				
Source vineyard location:	Block:	Row:	Vine:	-
Sanitary status (disease testing history):				-
Date cuttings supplied: Number of cutting	gs supplied: Ler	igth of cuttings su	ıpplied:	
reatment/testing? YES NO Do you want information about this selection included in FI YES NO PLEASE SELECT EACH DESIRED SERV	<u>VICE</u>	·		
Testing and Treatment: Complete disease testing pan heat therapy (including pre- and post-therapy testing quarantine and/or inclusion in the CDFA Registration \$2,000.00 per public selection	ng panels) to qualify foreign	limination therap gn and domestic	y by microshoot-t selections for re	tip tissue culture or elease from federal
\$3,500.00 per proprietary selection				
Inclusion in Foundation Vineyard: Plant and mainta \$500 per selection for initial planting \$150 per year per selection thereafter	ain qualified proprietary gra	pe selection in the	e FPS Foundation	Vineyards
Additional Information:				
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